

N THE CAPPED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Geoffrey STIFF, et al.) Group Art Unit: 3624
Appln. No.: 10/083,250))
Filed: February 27, 2002) Examiner: Charles R. Kyle)
)

For: SYSTEM AND METHOD FOR GUARANTEEING MINIMUM PERIODIC RETIREMENT INCOME PAYMENTS USING AN ADJUSTMENT ACCOUNT

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. §§ 1.56, 1.97, and 1.98, Applicants respectfully request consideration of the references listed on the attached Form PTO/SB/08A. Copies of the references listed are also enclosed.

Applicants respectfully request that the Examiner consider the references cited on the Form PTO/SB/08A and that the Examiner indicate that the references have been considered in this application by returning a copy of the Form PTO/SB/08A with the Examiner's initials in the left column per MPEP 609.

This Supplemental IDS is submitted prior to the issuance of a first Office Action on the merits; therefore, it is believed that no fees are required in connection therewith. If any fees are necessitated by the filing of this Supplemental Information Disclosure Statement, please charge the undersigned's Deposit Account No. 50-0206.

Date:

4/27/05

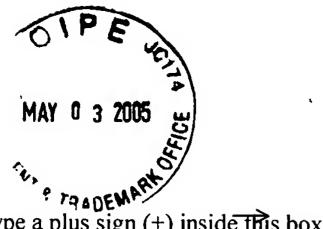
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OAF/sdw

Respectfully submitted, HUNTON & WILLIAMS

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Please type a plus sign (+) inside this box

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO		Complete if Known		
INFORMATION DIGGL COL	Application Number	10/083,250		
INFORMATION DISCLOSU		February 27, 2002		
STATEMENT BY APPLICA	First Named Inventor	Geoffrey STIFF et al.		
	Group Art Unit	3624		
	Examiner Name	Charles R. Kyle		
Sheet 1 · of 1	Attorney Docket Number	52493.000251		

U.S. PATENT DOCUMENTS						
		U.S. Patent Document		Name of Patentee or Applicant		
Examiner Initials *	Cite No.1	Number	Kind Code ² (if known)	of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.